

VA TVHS UTVA Report

December 3, 2012

Hospital Current Budget

Significant Personnel Additions

- Lynn Heathcoat, Fiscal Officer
- Chad Maxey, Chief, Chaplain Service
- James Foster, Emergency Management Officer
- Michael Loscalzo, Assistant Chief, Mental Health Care Line
- Donna Walls, Chief of Dental Service

Vacancies

- Chief CBOC's
- Chief Police Service
- Chief Medical Officer-Clarksville CBOC
- Women's Program Manager

Cost Efficiency Updates

- Reviewing opportunities to improve services for possible cost savings

Significant Budget fluctuations

Funds Availability	FY12 ACTUAL	FY13 Initial Budget
Total Available	\$607,345,531	\$606,923,083

In the Community

- Salaries based on FTEE on board \$348M
- Supplies (including Equipment) \$154M
- Fee Based Care \$67M
- CMOP \$49.8M

Status of Veteran Wait List

STATUS OF PRIMARY CARE ELECTRONIC WAIT LIST (EWL)

1. Primary Care EWL Data (Downloaded VSSC, 11/15/12)

Grouper	Bowling	Chatt	Clark	Cooke	Hopkin	Maury Co	McMinn	York	Roane	Dover	Nash	Total
Primary Care	94	30	2	32	25	33	1	997	13	7	1766	3000
Eye								489			18	507
Cardiology											216	216
CCHT								38			33	71
Vascular											3	3
Neurosurgery											1	1
Anticoag											1	1
Mental Health											1	1
Pulmonary								1				1
												3801

2. Primary Care Provider Vacancies

Nashville	3.5 FTEE
Nashville Annex	3.0 FTEE
York	6.0 FTEE
COPC	2.5 FTEE
Clarksville	<u>1.0 FTEE</u>
Total	16.0 FTEE

3. New Providers Coming on Board by December 31 (Total of 6).

- Nashville (2)
- York (4)

4 Sites with Capacity:

- Chattanooga
- Tullahoma
- Women's Clinic Nashville Annex
- Maury County (Columbia)
- McMinnville

5. Nashville, COPC and Clarksville will be soliciting fee base providers to backfill in the event of unforeseen vacancies in the future. This strategy is currently in place on the York Campus.

6. Maury County is now open and will provide capacity to provide care to Veterans from that area that are currently traveling to the Nashville and York Campuses for Primary Care. There are

approximately 3000 patients that are being offered the opportunity to transfer their care to the Columbia clinic. The transfer of patients to Maury County will create capacity for Veterans that are currently waiting for care that reside in Nashville and Murfreesboro.

7. Athens, McMinn County CBOC will be opening in the spring 2013. This access point will reduce travel times for patients residing in proximity to this clinic site.

8. New patients are being offered appointments at sites with available capacity. Those that decline the appointment are placed on the Electronic Wait List for the clinic that they desire. Wait times are currently protracted for the Nashville and York Campuses. It is anticipated that the backlog for these two sites will be mitigated on the York Campus by February 2013 and Nashville by May 2013.

9. Panel management will continue to be highly managed; including removal of inactive veterans to identify capacity for Veterans seeking care at a specific site.

10. Implementation of PACT and ongoing re-engineering including the use of Coordination Care Home Technology, Home Based Primary Care, Geriatric Primary Care, Telemedicine and Preventive Health assets will facilitate access in Primary Care clinics.

Con't below

Patient Satisfaction

QUESTIONS	ANSWER INCLUDED IN SCORE	Bench mark	SURVEY PERIOD: FYTD Thru July 2012	VISN	VHA
Overall Inpatient Satisfaction Q:21	% rating hospital 9 or 10	64	59.2	63.7	64.3
Shared Decision Making Composite Q: 35/36	Yes	69	72.0	72.0	71.7
Responsiveness of Staff Composite Q: 4/11	% Reporting they were usually or always able to get help	83	83.2	85.3	85.1
Privacy in Room Privacy in Room Q:47b	% rating privacy in room as good, very good, or excellent	83	83.7	85.0	85.3
Noise level in Room Q: 47c	% rating noise level in room as good, very good, or excellent	79	79.5	80.9	80.5
Outpatient Overall Satisfaction	% rating healthcare as a 9 or 10	56	51.5	54.8	54.7
Getting Care Quickly Composite Q: 2/4	% reporting they were usually or always able to get an appt as soon as they thought they needed	80	74.1	77.3	76.9

Outpatient Care Patient Satisfaction

1. Current Strengths

- a. How well providers communicate has improved by 12.9%
How Well Providers Communicate FY11 EOY: 74.5% FY12 Cum: 87.6%

2. Current Weaknesses

- a. Access for appointments continues to be problematic due to gaps between demand and current capacity. Both metrics germane to this issue have declined by approximately 3% from FY11 EOY.

Getting Care Quickly FY11 EOY: 76.8% FY12 Cum: 74.1%

Getting Needed Care FY11 EOY: 73.7% FY12 Cum: 74.4%

- 3. Access at appointments continue to have prolonged waiting times due to overbooking and scheduling practices in several specialty areas that have all patients presenting in mass. This metric has improved from FY11 EOY by approximately 3%.

Provider Wait Time FY11 EOY: 70.7% FY12 Cum: 69.8%

- a. Rating of Healthcare and Rating Personal Doctor/Nurse have improved slightly over FY11 EOY.

Rating of Healthcare FY11 EOY: 51.4% FY12 Cum: 51.5%

Rating Doctor/Nurse FY11 EOY: 63.8% FY12 Cum: 64.0%

4. Process to reach/ maintain goals

- a. Continue to build Primary Care capacity to mitigate access issues. Ongoing recruitment of vacancies will close the gap between demand and access.
- b. PACT re-engineering and overall system integration will promote additional access through the use of CCHT, HBPC, Telemedicine, Secure Messaging and Geriatric Primary Care.
- c. Specialty clinics to accomplish a gap analysis to determine staffing needs.
- d. Specialty clinics to discontinue current scheduling practices to provide a more reasonable throughput of patients.
- e. Training relative to Patient Centered (Medical Home) principles to continue to be disseminated across all disciplines.

Inpatient Satisfaction

2. Current Strengths

Bedside Care Collaborative-Interdisciplinary team which evaluates satisfaction scores and initiates performance improvement projects related to satisfaction. Recent accomplishments include 24 hour visitation. Began new nurse call implementation in October with a projected completion date of January 2013. The new nurse call provides electronic locating of staff and quiet call tones which will aid in increasing staff response times and decrease in noise reduction.

a. Data

-Strengths: Meeting 80% (4/5) inpatient satisfaction measures including Responsiveness of Staff 83.2; Shared Decision Making 72; Privacy 83.6; Noise Level 79.5.

-Weaknesses: Overall inpatient satisfaction 59.2

-For many of the satisfaction metrics the ACY campus has lower ratings than the Nashville campus

b. Additional Information

--TVHS engages its employees to embrace the Patient Centered Care philosophy to help increase areas of communication, shared access, and spirituality. Opportunities include training, conferences, and focus groups to help employees learn and implement methods to address areas of improvement.

--TVHS also uses reviews to help identify measures to improve overall quality of care for the Veterans we serve. These include internal and external quality indicators such as the Health and Human Services Hospital Compare data which show TVHS at or above our community partners.

3. Current Weaknesses

TVHS puts a great value on providing excellent customer service. Those efforts include improving the environment at both campuses which has resulted in short term noise increases. The long term impact will be a positive increase in satisfaction with the environment with nicer rooms for Veterans and better areas for family and visitors.

a. Data

-TVHS is 1.3 points below target for the metric "Communication with Doctors (inpt)"

-TVHS is 0.4 points below target for the metric "Quietness of the Hospital Environment (inpt)"

-TVHS is 4.8 points below target for the metric "Rating of Hospital (inpt)"

b. Additional information

-TVHS continues to involve staff, family and significant others in active roles to improve the health, spiritual needs, and creates a team approach to healthcare. This Patient Centric model re-enforces communication and shared decision making resulting in more positive outcomes for the Veterans to help them reach their individual health goals.

4. Process to reach/maintain goals

Current projects: Dear Doctor notes to enhance patient, MD and nurse communication; communication; quiet time for inpatient areas to enhance noise levels in patient rooms; new call system to decrease noise levels in the inpatient areas began in October 2012; 12 bed hospital pilot to enhance teamwork, communication, support to the patient and family, trust in the caregivers and continuity of care.

-Nursing service has been active, and will need to continue to be central in our efforts to improve patient satisfaction. The intensity of patient contact and rapid response to patient needs is a critical interface.

-Continued expansion of the program that has increased the frequency of nursing rounds

-Reinvigoration of the Bedside Collaborative, a program that encouraged the simultaneous presence of physicians and nurses at the patient bedside during morning rounds. This program improved satisfaction, decreased LOS by 0.5 days, and markedly reduced medication errors.

-Roll out use of the "Daily Plan" so patients and families are more aware of upcoming tests and plans

-Continue to teach physicians and staff about the importance of patient satisfaction. It needs to assume nearly equal importance as the EPRP measures. If we deliver high level technical care, but are not timely, efficient, compassionate, and patient-centered, and our patients are not satisfied with their experience, we have not succeeded.

Continuing Facility Improvements

1. Current Construction Updates

Nashville

- Primary/Specialty Care Improvements & Pharmacy Consolidation - \$7,632,790 – work continues. Tentative completion date January 2013.
- Renovate Inpatient Ward (2G) - \$1,601,974 – Work is ongoing. Tentative completion Spring 2013.
- Renovate Research Lab, Ph 2 (4th Floor) - \$4,955,698 – Work ongoing. Tentative completion January 2013.
- PACT modifications to Pods – Completion scheduled for December 2012.
- File Room Conversion to Clinic - \$730,000 – construction ongoing projected completion Winter 2013

Murfreesboro

- Ambulatory Surgery, Ph 3 - \$1,997,000 – Work ongoing. Completion tentatively scheduled for early 2013.
- Fisher House site prep - \$826,741 – Vertical construction underway late summer 2013.
- Relocate Agent Cashier/Travel - \$235,461 – construction ongoing estimated completion January 2013
- Exterior Revitalization Phase 6 - \$2,180,000 – construction ongoing projected completion Spring 2013

2. Upcoming Construction Plans

Nashville

- Renovate Research Lab, Ph 3 (3rd Floor)

Murfreesboro

- Boiler Plant Upgrade
- Upgrade Electrical Distribution, Ph 3

Medical Facility Clinic Updates

- Total Veterans Served FY11: **82,167** vs FY12 **85,059 (+3.5%)**
- Total admission: FY11: **11,098** vs FY 2012: **11,604 (+4.6%)**
- Outpatient Visits: FY 11: **801,493** vs FY 2012: **866,154 (+8.1%)**

Women's Health Update for FY12

- # Uniques Enrolled in TVHS for FY 12 = 8549
- # Uniques Receiving Care in TVHS for FY 12 = 5997 (majority of women between the ages of 30-64)
- # Uniques seen at the Women's Comprehensive Health Center = 1581
- Tele-Mental Health begun at the Women's Comprehensive Health Center by our Addiction Therapist (averages 8-10 new consults a month)
- Participated in the 1st Annual Tennessee Women's Summit in April 2012
- Outreach events including Rally Point event in Cookeville, TN, TDVA events in Jasper and Celina, TN, 20th Annual Operation Stand Down, 31st Annual MTSU Salute to Veterans
- Hosted Women Veterans Baby shower with WVA and WAVES National

OEF/OIF Update for FY 2012:

OEF/OIF/OND Unique Patients Treated by FY

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Middle Tennessee HCS, TN	518	765	1,636	2,193	3,838	4,390	6,014	6,097	7,227	8,473	8,992

OEF/OIF/OND Outpatient Encounters by FY

		2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Middle Tennessee HCS, TN		1	2,106	5,661	12,230	24,783	32,313	51,400	72,092	82,567	95,803	107,380

OEF/OIF/OND Inpatient Discharges by FY

	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Middle Tennessee HCS, TN	8	20	51	105	141	214	312	336	452	519

VA TVHS OIF/OEF Utilization

- 29, 992 OEF/OIF/OND service members live within VA TVHS catchment area
- 16,955 OEF/OIF veterans have enrolled for care at VA TVHS
- Approx 16, 914 unique patients have received care at VA TVHS (56%). 2,049 of these are females, 14,863 are males

OIF/OEF Case Management

- OEF/OIF/OND and Polytrauma Clinical Case Managers provide case management to 690 OEF/OIF/OND Veterans, 256 of these are Severely Ill/Injured
- OEF/OIF Case Managers have logged in 4052 encounters for period 10/01/09-08/03/10

OIF/OEF Outreach

- Since 10/2007-VA TVHS has held 7 Annual Welcome Home Events
- OEF/OIF/OND Staff have participated in over 200 outreach events in the past 3 years.

Other Programs

- The **Home Telehealth program** currently manages over 900 Veterans in their home on variety of clinical conditions (hypertension, diabetes, wgt mgt., mental health, etc.)
- The **Care Giver Support program** (administered by Social Services with nursing support) initiated approximately 18 months ago now has over 150 Veterans in the program with more being added each month.
- **C&P** will be moving services to a location off site to increase work areas and expand services to help speed up processing.
 1. **Address: 2 International Plaza, Suite 500, Nashville Tn 37217**

Community Based Outpatient Clinic

- **Maury Co.** Clinic opened Nov. 1st. Approximately 600 veterans have requested transfer. The clinic is slowly ramping up to provide quality care. Two PACT teams are onboard with plans to increase to four as soon as the number of veterans increases. Additional space is available to double the size of the clinic if/when the need arises.
- **McMinn Co.** Clinic lease request has been submitted to contracting to move forward with a 2013 opening. It is an outreach clinic which means VA staffing and a leased space. Services will include primary care and mental health service as well as basic ancillary service (ie lab and limited x-ray) pharmacy service will be an initial community support with mail order pharmacy.

- **Roane Co.** Clinic closed effective October 31st. A new packet is in contracting. It has been requested the contracting process be expedited with the goal to have a new clinic in 9 months. All veterans previously seen at the Roane Co. clinic have been contacted and offered options for healthcare until the new clinic is opened

Upcoming/Current Activities or Events

Quarterly Current Events

- 1 The annual Pearl Harbor Recognition and Remembrance Ceremony will be held on Friday, December 7th, in the Chapel of the Nashville Campus at 10:15.
- 2 An Influenza Outreach Clinic was held in McMinn County on Wednesday, November 21, to provide vaccines to eligible Veterans in the community and surrounding areas. TVHS worked with the TDVA county Veteran Service Officer and county officials to hold the event in the County Court House. Nurses and business office staff worked with eligible Veterans to help provide this valuable service. Twenty-eight(28) Veterans were provided vaccines and information on the MyHealtheVet program.

Voluntary Service

- 1 We just completed the ground breaking for the Fisher House and hope to have the house completed by the end of 2013.
- 2 Holiday activities are planned for our Veteran patients, and any other groups that would like to be included should contact Elizabeth Bradley at 873-7737 as soon as possible.
- 3 We are encouraging all of our Veteran Support and Community Organizations to participate in the National Salute to Veteran Patients in February. The week of the salute will be February 11th at the Nashville campus and February 12th at the Alvin C. York campus in Murfreesboro. All festivities will begin at 10:00am. For more information please contact Elizabeth Bradley at 873-7737.

Congressional Activities— Congressman Chuck Fleishmann attended the Veterans Day event at the Chattanooga Clinic on Friday November 9th. The Event was co-sponsored by TVHS and local Veteran Service Organizations.

Thank you.